

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL023011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE SHELBY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 E MARION STREET SHELBY, NC 28150</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell on 6-9-2015.  Records indicate this facility was first licensed or submitted 6-11-1997, for a capacity of 60. Therefore the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies.	C 000		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in ceiling of kitchen, b. Holes in wall and ceiling of mop closet off the kitchen,	C 189		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 189	Continued From page 1  c. Holes in ceiling of Mechanical room 400, d. Hole in ceiling at nurse station, e. Hole beside sprinkler escutcheon in the ceiling of the corridor near room 407.  2. Based on observation, the cross-corridor doors on the 400 Hall are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.  3. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several small portable medical oxygen cylinders and one large cylinder were stored in no container or rack.	C 189		
C 124	Bathrooms-Hand Grips  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 5. The requirements for bathrooms and toilet rooms are: f. Hand grips must be installed at all commodes, tubs and showers used by or accessible to residents.  This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the shower in the Garden Spa.	C 124		

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C 124	Continued From page 2  Failure to provide a secure hand grip presents a fall hazard.	C 124		